



Citizen's Request for Reconsideration of Library Materials

Your name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

You represent:

Self

Name of group or organization _____

Item title: _____

Author: _____

Format: Book Audiobook Magazine Video Music CD Other

Location of this item? (Choose one)

Main Library South Lorain Branch Avon Branch Columbia Branch

Domonkas Branch North Ridgeville Branch

What is your concern about this item? Please be specific – List pages or section, etc.

Did you read, hear or view the entire item? _____

Have you read reviews of this material? Yes No

If yes, can you cite the review source? _____

What brought this item to your attention? _____

What would you like the Library to do about this material? _____

Have you read the Lorain Public Library System Collection Management Policy as stated on our website?

Yes No

Please use the back of this form to share additional comments.

Signature _____ Date _____

Staff person taking request _____

